MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

## REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

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RRF-1 EXTENSIONS WILL	OT BE GRANTED		
Enter State Charity Registration Number, Name, and Address of Organization:	Check if:		
State Charity Registration Number: CT 112204	· V Observe staddens		
	X Change of address		
JUSTGIVE, INC.	Amended report		
625 CLAY STREET, 7TH FLOOR	Corporate or Organization No. 2075991		
Address (Number and Street)			
DAKLAND , CA 94612-1531  City or Town, State and ZIP Code	Federal Employer I.D. No. 94-333101.0		—
PART A - ACTIVITIES		Yes	No
During your most recent full accounting period did your gross receipts or	otal assets equal \$100,000 or more?	х	
Note: If the answer is yes, you are required by Title 11 of the California Co in the amount of \$25.00 to this report. Make check payable to Depa			
2. For your most recent full accounting period (beginning 03/01/20	02 ending 02/28/2003 ) list:		
Gross receipts \$ 1,288,892. Total assets \$	207,038. Actual X Estimated		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO			
Note: If you answer "yes" to any of the questions below, you must attach and details for each "yes" response. Please review RRF-1 Instruction	a separate sheet providing an explanation ns for information required.		
		Yes	No
During this reporting period, were there any contracts, loans, leases or ot and any officer, director or trustee thereof either directly or with an entity any financial interest?	ner financial transactions between the organization in which any such officer, director or trustee had		х
2. During this reporting period, was there any theft, embezzlement, diversion or funds?	or misuse of the organization's charitable property		Х
3. During this reporting period, did non-program expenditures exceed 50%	of gross revenues?		х
<ol> <li>During this reporting period, were any organization funds used to pay any with the Internal Revenue Service, attach a copy.</li> </ol>	penalty, fine or judgment? If you filed a Form 4720		х
<ol> <li>During this reporting period, were the services of a professional fund-raise attachment listing the name, address, and telephone number of the servi</li> </ol>	er or fund-raising counsel used? If "yes," provide an ce provider.		х
	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		х
<ol> <li>During this reporting period, did the organization hold a raffle for charitab the number of raffles and the date(s) they occurred.</li> </ol>	e purposes? If "yes," provide an attachment indicating		Х
8. Does the organization conduct a vehicle donation program? If "yes," pro- is operated by the charity or whether the organization contracts with a co			Х
Organization's area code and telephone number (510) 238-5005			
Organization's e-mail address			
I declare under penalty of perjury that I have examined this report, including accompa			
Signature of all thorized officer Printed Name	Executive Oirector (	0/20/0	<u>03</u>

## RECEIVED

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Attorney General's Registry of Charitable Trusts